

BOARD OF CORRECTIONS
600 BERCUT DRIVE
SACRAMENTO, CALIFORNIA 95814-0185

TELEPHONE (916) 445-5073
FACSIMILE (916) 327-3317 OR 322-5036

PHASE II - DEMONSTRATION GRANT

MENTALLY ILL OFFENDER* CRIME REDUCTION (MIOCR)

For Instructions on completing the Mentally Ill Offender Crime Reduction Demonstration Grant Application - See Attachment A

* Mentally ill offender is defined in attachment "E"

SECTION I - COUNTY INFORMATION

Date: _____

☐ INDIVIDUAL COUNTY

☐ REGIONAL PROPOSAL (MULTIPLE COUNTIES)

County(ies): _____

Sheriff or Director, Department of Corrections: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

Contact Person: _____

Title: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

County Financial Officer: _____

Title: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

SECTION 2 - COST SUMMARY

STATE FUNDING REQUESTED: \$ _____ %
 MATCH (25% REQUIRED):

Hard \$ _____ %

In-Kind \$ _____ %

TOTAL \$ _____ 100 %

SECTION 3 - DETAILED BUDGET

	STATE FUNDS	MATCH OR OTHER*	TOTAL
COUNTY STAFF	\$ _____	\$ _____	\$ _____
OTHER PUBLIC AGENCY STAFF	\$ _____	\$ _____	\$ _____
TRAVEL/PER DIEM	\$ _____	\$ _____	\$ _____
ADMINISTRATIVE OVERHEAD	\$ _____	\$ _____	\$ _____
PROFESSIONAL SERVICES	\$ _____	\$ _____	\$ _____
PROGRAM FACILITY(IES) RENT OR LEASE	\$ _____	\$ _____	\$ _____
COMMUNITY-BASED ORGANIZATIONS	\$ _____	\$ _____	\$ _____
FOUNDATIONS OR PRIVATE INSTITUTIONS		\$ _____	\$ _____
OTHER (PLEASE DESCRIBE ON AN ATTACHED SEPARATE SHEET)	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

*Please identify next to dollar amount for each category (H) Hard Match, (I) In-Kind

SECTION 4 – MIOCR STRATEGY COMMITTEE

<u>NAME</u>	<u>TITLE</u>	<u>ORGANIZATION</u>
_____	SHERIFF OR DIRECTOR, DEPARTMENT OF CORRECTIONS	_____
_____	CHIEF PROBATION OFFICER	_____
_____	LOCAL LAW ENFORCEMENT AGENCY	_____
_____	COUNTY MENTAL HEALTH DIRECTOR	_____
_____	SUPERIOR COURT JUDGE	_____
_____	CLIENT – MENTAL HEALTH TREATMENT FACILITY	_____N/A_____
_____	REPRESENTATIVES FROM ORGANIZATIONS THAT CAN PROVIDE OR HAVE PROVIDED TREATMENT OR STABILITY INCLUDING INCOME, HOUSING, AND CARETAKING FOR PERSONS WITH MENTAL ILLNESS	_____
_____	OPTIONAL MEMBER	_____
_____	OPTIONAL MEMBER	_____
_____	OPTIONAL MEMBER	_____

* Section 4 - Attach additional page as necessary

SECTION 5 - NARRATIVE

Provide a one-page abstract summarizing your project, or one page per program if your project entails multiple programs. If a county submits multiple programs, the programs must be prioritized in order of importance to the county. For detailed information regarding legislative intent, see SB 1485 (Attachment B.) Also complete a Research Design Summary Form (Attachment C) for each program. Finally, attach a narrative limited to not more than 20 double-spaced pages, including graphs and charts, using a 12-point font, and addressing each of the elements set forth in the instructions.

SECTION 6 - BOARD OF SUPERVISORS' RESOLUTION

Attach Board of Supervisors' Resolution for Mentally Ill Offender Crime Reduction Program - Demonstration Project (see Attachment D). The resolution shall contain, at a minimum, the following:

- Joint Powers Agreement, if a multiple county (regional) application;
- identification of the Sheriff or Director, Department of Corrections;
- authorization of the Sheriff or Director, Department of Corrections or the Chairman of the Board of Supervisors to submit and/or sign the application for funding, grant contract, amendments, and/or extensions;
- identification of MIOCR Strategy Committee by name and title;
- assurance that the County will not supplant MIOCR Demonstration Grant funds;
- assurance that the County intends to enter into an agreement with the state, relative to the expenditure of funds, program implementation and evaluation, by no later than 7/1/99 should a grant award be forthcoming;
- assurance that the County will adhere to Board of Corrections' requirements and contract terms in the expenditure of grant funds;
- assurance that the County will participate in the collection of required common research data, program evaluation activities and conduct an evaluation of its proposed project;
- assurance that the County will invoice the Board of Corrections for grant costs on a quarterly basis beginning October 1, 1999 and no later than October 15, 2003.